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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Casa Blanca Vacation F	Rentals, Inc.		
DOCUMENT NUMBER: P93000077898			
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the	ne following:		
Gregg David			
Name of Contact I	Person		
6154 Midnight Pass Road			
Address	<u> </u>		
Sarasota, FL 34242			
City/State and Zip	Code		
Manager@thecasablanca.net			
E-mail address: (to be used for future	annual report notification)		
For firther information conserved at the conserved at			
For further information concerning this matter, please call:	044 040 5404		
Gregg David	941 349-5101 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of	of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

· STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.150 statement of change is submitted for a corporation organized under the laws of the	he State of Florida
in order to change its registered office or registered agent, or both, in th	ne State of Florida.
1. The name of the corporation: Casa Blanca Vacation Rentals, Inc.	D
2. The principal office address: 6154 Midnight Pass Road, Sarasot	ta, FL 34242
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/05/1993 Document number	r: P93000077898
5. The name and street address of the current registered agent and registered offic Florida Department of State: (If resigned, enter resigned)	e on file with the
Law Offices of WELLS Olah	
6154 Midnight Pass Rd	 -
Sarasota, FL 34242	
6. The name and street address of the new registered agent (if changed) and /or reg (if changed):	,
Gregg F. David	-
6154 Midnight Pass Road	
P.O. Box NOT acceptable Sarasota, FL 34242	
The street address of its registered office and the street address of the business of as changed will be identical.	office of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors authorized by the board, or the corporation has been notified in writing of the ch	or by an officer so lange.
Gregg F. David,	Treasurer
Strature of an officer or director I hereby accept the appointment as registered agent and agree to act in this cape I further agree to comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligation of magnetic fluis documents in the proper of the state of the sta	ania.
hereby confirm that the corporation has been notified in writing of this change.	y position as registerea ered office address, I
June 23, 2018 Date Date	
If signing on behalf of an entity:	
Gregg F. David	
Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *